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Solitary confinement hard to escape for Texas inmates with mental illness | The Texas Tribune

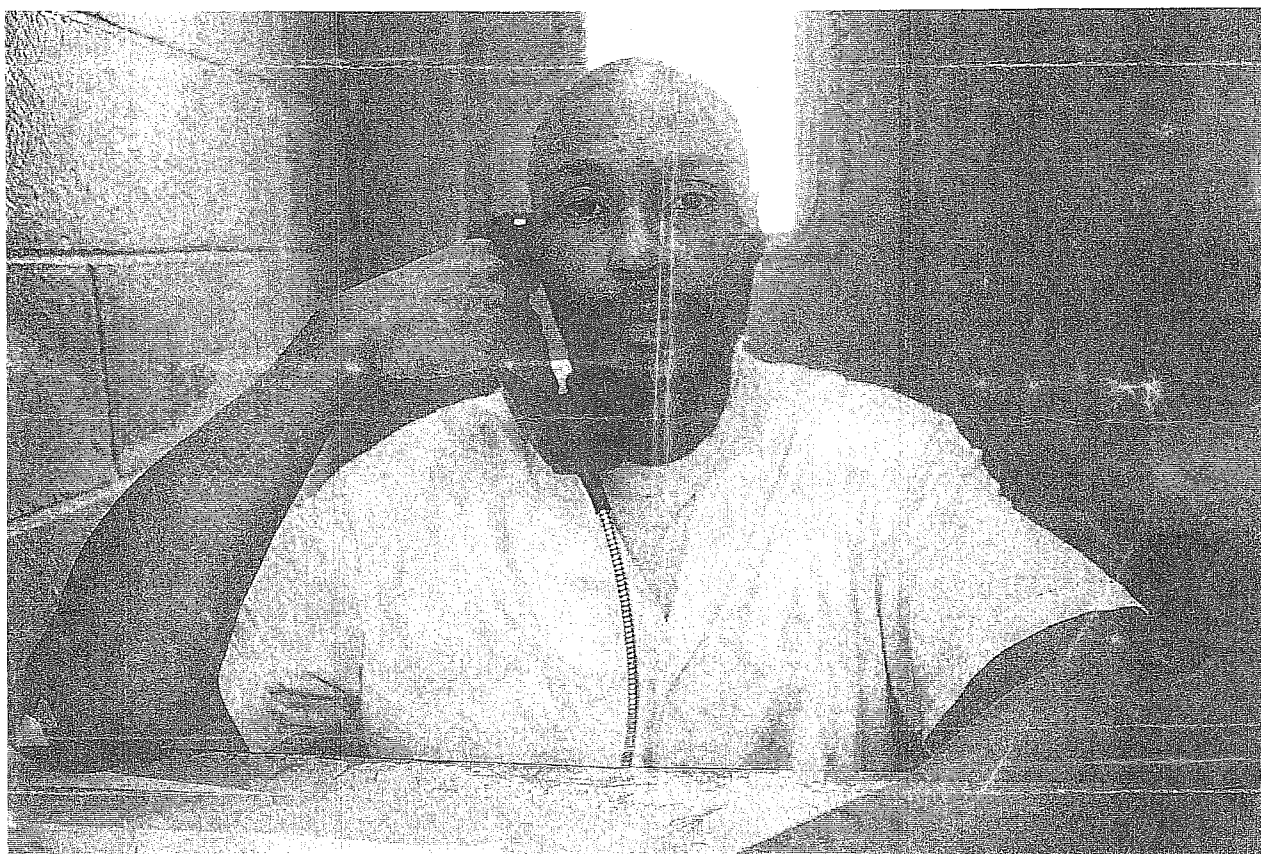
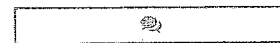
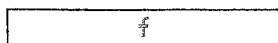
MENU

Robert Wayne [unclear] 5/1/19

Solitary confinement worsens mental illness. A Texas prison program meant to help can feel just as isolating.

Prisoners who volunteered for a mental health diversion program say promises of therapy and time out of their cells weren't fulfilled. And Texas prison officials aren't regularly tracking success rates — even as they ask lawmakers to fund an expansion of the program.

BY JOLIE MCCULLOUGH APRIL 23, 2019 12 AM



In a prison interview, Jeremy Sledge talks about his pleas for treatment while in a Texas prison program meant to get inmates with mental illnesses out of solitary confinement. Jolie McCullough / The Texas Tribune

TENNESSEE COLONY — For nearly two years, Jeremy Sledge sat alone in his Texas prison cell about 23 hours a day.

He was placed in solitary confinement — called administrative segregation by the Texas Department of Criminal Justice — after he stabbed another inmate he says stole from him in 2015.

Sledge's new placement meant his visitors would now be behind a sheet of Plexiglas, his phone privileges would be revoked, and his short time out of his cell each day would largely be limited to showers and isolated recreation.

I've been in solitary confinement for 15 years

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At 42, Sledge had been in the prison system for 20 years on a life sentence, convicted in two gang-related murders from when he was 17 and 21. He says a tumultuous childhood and decades of being institutionalized had left him grappling with depression and post-traumatic stress disorder. But he didn't fault the system for placing him in solitary; he knew he'd messed up.

Still, when the agency later sent him to a new diversion program aimed at using therapeutic practices to help prisoners with mental illness move back into the general housing population, he was confident he could finally get the tools to become a better, more stable person.

"When I first got here, I was like, 'Man this is great, I'm gonna get the help I've been trying to get,'" Sledge said through a phone behind cracked Plexiglas at the Michael Unit in an interview with The Texas Tribune in November 2017, after participating in the diversion program for more than a year.

That hope didn't last long.

His written requests to prison officials throughout his time in the therapy program, obtained by the Tribune with his permission, depict someone desperately pleading for mental health care he told them he wasn't getting.

"I beg you to help me. I just want to get better and I havn't [sic] been able to do it on my own," he wrote in a health care request for an interview with mental health staff weeks after entering the program.

To: Mrs. Roberts 12 I-60 med
Mental Health Therapeutic diversion program
Two weeks ago you stated that you would schedule me for a visit to complete the interview that we began.
also I was told by you and Mrs. Woods that ~~we~~ I would be interviewed by her that Friday that date was missed however Sunday I was given a lay in for Monday from 12:00 to 12:30 as of now I have not been called to that lay in either.
Please I understand that I am one of many but I beg you to help me I just want to get better and I havn't been able to do it on my own. Jeremy Sledge

Jeremy Sledge 737921

12-65-1200
NOV 09 2016

apt scheduled Roberts

A request Jeremy Sledge sent prison officials asking for an interview with a mental health professional. Sledge participated in a program that promised volunteers access to individual and group therapy.

Psychiatry experts have agreed that solitary confinement can harm any prisoner, but it is especially detrimental for those with mental illness. The isolation and sensory deprivation often exacerbate symptoms and lead to increased suicide attempts.

As part of an attempt to decrease the use of solitary confinement, the Texas prison system created a mental health therapeutic diversion program in 2014 to shift isolated inmates back into the general housing population. The program has seen some success, with almost 500 men moving from solitary back into the general population over the last five years. But there is little information on the program

outside of the agency, and Sledge and seven other inmates have said in letters to the Tribune that the program largely operates as a rebranded version of the isolated conditions they were already living in.

"In order for this program to be effective, just like any other type of therapeutic program, there needs to be a sense of faith and trust in that program," said Doug Smith, a senior policy analyst with the Texas Criminal Justice Coalition, an advocacy group. "The individuals participating ... need to see success stories; they need to see progress."

As prisoners move through the voluntary program in Texas, which was proposed as lasting six to nine months but generally takes about a year or more, officials say inmates are taught coping skills, stress management and impulse control. They also gain privileges not provided in administrative segregation, like television access, more time out of their cells — and, eventually, group recreation time.

It's a program TDCJ has proudly embraced to manage a difficult prisoner population: those whom staff have determined need to be isolated, often because of in-prison violence, but who also have mental illness. Sledge acknowledged that some men in the program set fires to get attention, spit, and throw feces at clinicians and guards.

"There's a lot of these guys that have come through this program that I knew in other units, and if you'd have asked me 10 years ago if this guy would have been functional, I would have been skeptical," Carol Monroe, the former warden of the Michael Unit, said in a Tribune interview last year. "It really is helping these guys turn their life around."

But inmates and advocates say many of the therapies prisoners were sold on to prepare for a move into the general population — individual treatment, substantial group sessions, art and music classes — are either shorter than advertised or nonexistent. Instead, many say they are kept locked in their cells nearly as often as when they were in solitary.

"They don't offer any kind of therapeutic programs. It seems like it's all self help," wrote Roger Uvalle, 46, who said he has been in the program about a year and in solitary for more than 25 years. "Most of time we are locke [sic] in our cell all day like solitary."

A handful of inmates who wrote to the Tribune say the situation is made worse by staffing shortages that limit activities and have said recently there is a new normal of transferring inmates from the program to other restrictive mental health programs instead of into the general population, where inmates live with at least one person and have more freedom and time out of their cells.

Even though inmates in the program say their environment can be as restrictive as solitary, on the department's books, these inmates are not counted as those being kept in isolated housing. And while officials have touted the program as a success to lawmakers who control the agency's budget — saying it lowers instances of violence — the department does not regularly track the intended goal of the program: the rate at which participants succeed and are sent back into the general population.

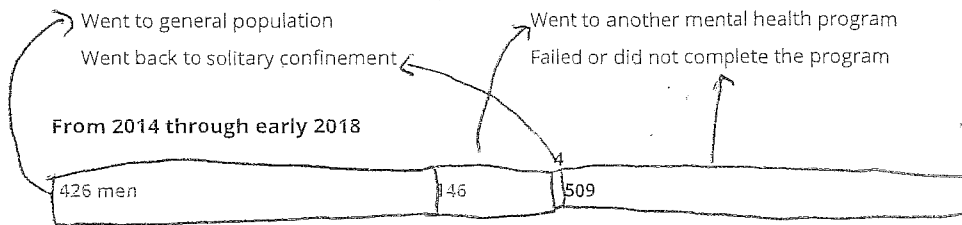
The department did not publicly report how often men graduated, where they were sent afterward or how many failed out of the program until the Tribune began requesting such data in 2017. Months later, it released data that showed nearly half of the 1,085 men who had participated in the program by early 2018 had failed to complete it because of a lack of participation, disciplinary or medical issues, or their

release from prison. Among those who graduated, most were later transferred to the general population, but a quarter were sent to other largely isolated mental health programs.

But more recent data tracking inmates in the program through last August is incomplete. The latest figures the department has been able to release to the Tribune tally how many inmates have graduated but not the overall number of participants — or the number of inmates who failed. Officials say they're still gathering data on those inmates — and where they are now.

What happened to Texas prisoners in the diversion program?

In early 2018, the prison system released data on the more than 1,000 participants who had gone through the mental health diversion program for inmates in solitary since it began in 2014.



Updated numbers through August 2018

The prison system last month released updated data on graduates, showing a total of 431 men had been sent back into the general population as of August. The number of men moved to other restrictive mental health programs rose to 237, and 24 had been sent back to solitary. But it was **unknown** how many men had failed out of the program.

Source: Texas Department of Criminal Justice

A spokesperson told the Tribune this month that compiling the information from different systems isn't optimal and that the agency is working to improve tracking.

This highlights another concern advocates have tried to resolve for years: There is no independent oversight of the Texas prison system, including for the use of solitary confinement and how well its diversion programs are working. Lawmakers are considering legislation that would put an investigative entity directly under the governor to look into TDCJ practices and potential abuses, but the measures are currently stagnant in committees with only weeks left in the legislative session.

At the same time, prison officials have asked for millions more in tax dollars to expand the unchecked diversion program critics say doesn't operate as promised. Bryan Collier, the department's executive director, asked lawmakers at a budget hearing last month for \$17 million to make room for 1,600 more inmates in the program, which, he said, would cover all of those with mental illness kept in solitary.

"From that point forward, essentially, there would not be mental health offenders in administrative segregation in Texas," Collier said at the legislative hearing.

The funding is not included in current budget proposals.

"Why am I here?"

About 30 percent of inmates in solitary have mental illness but do not require inpatient care at psychiatric prisons. In 2014, the department developed the mental health therapeutic diversion program that began at the Hughes Unit in Central Texas and expanded to the Michael Unit shortly before Sledge arrived, each with space for

more than 400 men at a time. The program began at a women's prison this year as well. The chief of mental health care in Texas prisons applauded the department for taking the initiative to address the intersection of solitary confinement and mental illness as courts weighed the constitutionality of the practice.

"Prisons have realized across the country that ... we need to do something about these people," Dr. Joseph Penn, director of mental health services for the prison's health care system, told the Tribune. "Texas was very proactive in this, rather than waiting to get sued in federal court."

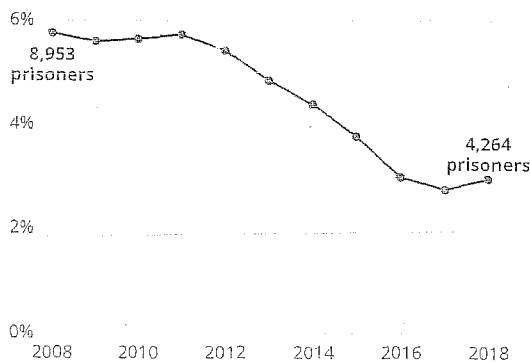
The program's intended policy took into account many recommendations from mental health and prison advocacy groups, including specialized mental health training for prison staff. The inmates are handled by a team of security, nursing and mental health staff, a combination of employees from TDCJ and the University of Texas Medical Branch at Galveston, and are reviewed every six months to determine if they can be transferred to general population.

On paper, the program and TDCJ's other initiatives to decrease its isolated population have worked; the number of inmates kept in solitary for at least a day was cut down from more than 11,000 in 2008 to less than 6,000 last year. And the number of men and women being released directly from solitary to the streets went from about 1,500 to only 16, according to the department.

Texas data shows there are fewer prisoners in solitary confinement

The number of Texas prisoners overall has dropped by about 11,000 in the last 10 years, and that decline is sharper for the number of people TDCJ reports as being in administrative segregation. Here's a snapshot of how much of the Texas prison population was in solitary each year on Aug. 31.

Percent of prisoner population



Source: Texas Department of Criminal Justice statistical reports

Those figures are partially due to the fact that inmates who are in diversion programs, like the mental health one, aren't counted by TDCJ as being housed in solitary. Last August, more than 1,200 inmates were in such programs.

On Sledge's arrival in September 2016 to the Michael Unit, tucked into a rural prison area about 100 miles southeast of Dallas, the diversion program section looked like solitary. The housing was previously used for administrative segregation, but the warden told the Tribune staff converted some rooms for therapy sessions and painted the walls a different color "to soften it up some."

Sledge said the staff told him it would be a calm environment with music therapy, art therapy, two-hour group therapy sessions and individual counseling. He never saw art and music therapies, he said, and a surge of inmates sent to the program meant the group therapy sessions were quickly cut down to 30 minutes a week and resulted largely in reading from handouts.

While the paperwork helped Sledge work through issues on his own, getting individual help from counselors was a struggle. Individual counseling sessions were taken away shortly before his interview in 2017, he said.

"Could I please see someone, any one, maby [sic] a clinician that is not in the program because the ones that are in the program are too busy or so I've been told," he pleaded in a note to staff in June 2017.

During a panic attack once, he asked a guard if he could talk to somebody and get away from his cell for a few minutes, but he said the staff ignored him for hours until the man in the cell next to him started a fire to get their attention. Then, Sledge was taken and placed nearly naked under observation for the night, but he was eventually sent back to his cell without being able to talk to a clinician.

"So I'm like, why am I in this program, why am I here?" he recalled in his prison interview. "I don't want to come across whiny, but I really believe they can do something good here."

"I'm always struggling to recruit"

A common refrain inmates heard from guards and clinicians when they asked about the lack of services was that the prison was short on staff.

Men said the lack of guards to move them from their cells sometimes meant up to a week without being taken to shower, leaving the men to give themselves "bird baths" in their sinks and toilets. One man said earlier this year that a lack of staff meant he didn't get to go to recreation for a month, group therapy is limited and individual therapy has become nonexistent.

"I don't get no individual therapy," wrote Uvalle, the inmate who had been in solitary for 25 years. "I've requested but they say they can't because they don't have the staff to do it."



In letters, Jeremy Sledge and other Texas prisoners detail their experiences with mental illness during years-long stays in solitary confinement and a mental health diversion program they say can be just as isolating. © Miguel Gutierrez Jr. / The Texas Tribune

National advocates recommend that inmates with mental illness who need to be separated get at least 10 hours outside of their cells each week for unstructured time (like showers and recreation) and 10 hours out for therapy. That would mean about three hours a day; TDCJ says inmates in its program get two hours a day for

recreation and time in the common area. But inmates say they get nowhere near that.

Last year, Penn acknowledged he had trouble keeping the program staffed. He said getting health care staff to rural prison towns to work in a potentially dangerous environment is a hard sell.

"I'm always struggling to recruit and retain staff," he told the Tribune. "Why would you want to go work behind bars and get spit on or sworn at?"

A TDCJ spokesperson acknowledged that staffing for prison guards is a continuing struggle, but while there was also high turnover of mental health professionals in the program's early stages, those positions have since been consistently filled.

Another complaint from the inmates was that the program simply warehoused men in place after they graduated or shuffled them along to other restrictive mental health programs, which still wouldn't count as an inmate being placed in solitary in agency reports.

Although they acknowledged that the program sent men back to general population, as reported in the incomplete data through August, they say officials have started largely deferring inmates to another program for the chronically mentally ill instead of to the general population. Through August, about a third of the men who graduated from the diversion program were sent to other restrictive mental health units.

One man said it took more than six months after he graduated to be told he could either go back to administrative segregation or to another mental health program with a goal of rejoining the general population. He picked the other program.

"I have been optimistic up until two weeks ago when I heard [sic] some inmates talk and say they are doing the same thing from this program," Isiah Kelly Gooden, 38, wrote in February, saying other inmates are told they can go to yet another program or solitary again. "We don't want to be stuck in these programs cause you lose valuable priviledges like you hot pot, mirriors, pencial sharpener."

TDCJ said this month that under the current process, those who fail to complete the program are not sent back to solitary — they either stay where they're at or are moved to another mental health program. Last year, an agency spokesperson said inmates are often kept in place for a reason.

"You have situations where you have people that go through the program and at the end of the program they may still have significant mental health needs," said Jason Clark, who is now the department's chief of staff. "So they may continue to be part of this area where they are receiving intensive psychiatric care, group recreation, those other things that they wouldn't necessarily get in administrative segregation, but, frankly, they're not ready for general population."

A hope to expand services

Because the program was created without legislative or court direction, there is little oversight into how well it's working — a point prison advocates criticize when examining it.

"While I actually think [the program] is definitely a step forward — it's better than doing nothing about the problem for sure — I also think it lacks that third party

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review,” said Matt Simpson, the deputy political director at the American Civil Liberties Union of Texas.

In 2015, the ACLU of Texas and the Texas Civil Rights Project released a report on solitary confinement and said lawmakers should create an independent entity to monitor the use of restricted housing within TDCJ, similar to what's in bills making slow progress at the Capitol. Simpson told the Tribune that without such oversight, it's hard to know from the outside if the mental health diversion program is the best option.



The Michael Unit is a men's prison in unincorporated Anderson County. © Jolie McCullough/The Texas Tribune

Simpson said creating a separate facility with the goal of communal living at least some of the day could be another option for TDCJ. Colorado did this after it banned the use of long-term solitary confinement for severely mentally ill inmates. Sara Sullivan, a project director with the Vera Institute of Justice, a nonprofit research organization on criminal justice issues, said such a unit provides an alternative housing solution that's not as restrictive as solitary for people who may need to be separated from the general population and focuses on treatment over punishment.

TDCJ has multiple psychiatric prisons for inmates with inpatient mental health needs, but an agency spokesperson said this month that the challenge with the prisoners referred to the outpatient diversion program is their threat to safety.

Sullivan also said getting people as much time out of their cells as possible is an essential practice to reintegrate people back into general population. To her, the model of 20 hours a week out of a cell is just a starting point.

“The idea isn't necessarily how many more hours out of cell a day a person can get,” Sullivan told the Tribune. “If you're taking however many hours they get out in general population, how close to that can we get while keeping the security of the unit and the safety of the people who are incarcerated there and who work there?”